

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: PROCESS FOR LAMINATING PLIES OF  
TISSUE PAPER AND LAMINATED  
TISSUE PAPER  
Attorney Docket Number:: 4002-1024-1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: DIRK  
Middle Name::  
Family Name:: SEMBRITZKI  
City of Residence:: MANNHEIM  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: RIEDFELDSTR. 17

City of Mailing Address:: MANNHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: D-68169

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JAN-PETER  
Middle Name::  
Family Name:: BRUNBACK  
City of Residence:: MANNHEIM  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: SPELZENSTRASSE 9

City of Mailing Address:: MANNHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: D-68167

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: WOLFRAM  
Middle Name::  
Family Name:: SCHINKOREIT  
City of Residence:: UNTERABSTEINACH  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: SCHUTZENSTRASSE 13

City of Mailing Address:: UNTERABSTEINACH  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: D-69518

#### **Correspondence Information**

Correspondence Customer Number:: 000466

#### **Representative Information**

Representative Customer Number::	000466
----------------------------------	--------

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/431,747	12/9/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name:: SCA HYGIENE PRODUCTS GMBH  
Street of Mailing Address:: SANDHOFER STRASSE 176

City of Mailing Address:: MANNHEIM

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: D-68305